

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> KEARNY MESA BRANCH, 8950 CLAIREMONT MESA BLVD., SAN DIEGO, CA 92123-1187 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92083-6635 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941 <input type="checkbox"/> RAMONA BRANCH, 1428 MONTECITO RD., RAMONA, CA 92065-5200 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649	
PLAINTIFF(S) _____	
DEFENDANT(S) _____	
REQUEST TO ENTER SATISFACTION OF JUDGMENT (CCP 116.850)	CASE NUMBER _____

I, _____, am the judgment debtor and request Satisfaction of Judgment be entered. This request is based upon:

- ☐ The judgment and costs have been paid in full to the judgment creditor.
- ☐ The judgment creditor has been requested to file a satisfaction of judgment and refuses to do so.
- ☐ The present address of the judgment creditor is unknown.
- ☐ The documents attached to this statement constitute evidence of payment of the judgment in full.

1. Full name and last know address of judgment creditor:

2. Full name and address of assignee of record, if any:

3. Full name and address of judgment debtor being fully released:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ (Signature of Declarant)

Based on the above declaration and attached documents, Satisfaction of Judgment is ordered.

Date: _____ Clerk by _____, Deputy

NOTE TO JUDGMENT DEBTOR: This Satisfaction of Judgment, or acknowledgment of Judgment, must be recorded in each county in which an abstract of judgment was recorded. Further, if a judgment lien has been filed against personal property, this Satisfaction of Judgment must also be filed in the Office of the Secretary of State to terminate such lien.

CLERK'S CERTIFICATE



The foregoing is a full, true and correct copy of the original on file in this office.

CLERK OF THE SUPERIOR COURT

Date: _____ by _____, Deputy